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**LABEL HERE:**



UNITED STATES POSTAL SERVICE

[www.usps.gov](http://www.usps.gov)

09/554969

**POST OFFICE  
TO ADDRESSEE**



UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 06177	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date in Mo. Day Year 06 15 98	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 6.57	
Time in Mo. Day Year 06 15 98	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. ozs. 3 AM 023 PM	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 12.57	

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo.	Day	<input type="checkbox"/> AM	
Delivery Attempt	Time		
Mo.	Day	<input type="checkbox"/> AM	
Delivery Date	Time		
Mo.	Day	<input type="checkbox"/> AM	
Signature of Addressee or Agent		<input type="checkbox"/> PM	

RECEIVED  
 EMPLOYEE SIGNATURE  
 MAY 2 2000

PTO MAIL CENTER

Name - Please Print  
 X

**CUSTOMER USE ONLY**  
**TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.**

☐ **WANTER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if warranty of signature is requested. Please send delivery to be made without obtaining signature of addressee's agent (if delivery employee logs this article can be left in secure location) and I authorize that delivery employee's signature and receipt be proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

**U.S. MAIL CENTER**

**FROM: (PLEASE PRINT)**

PHC

**TO: (PLEASE PRINT)**

PMO

Donna Miles 5049

Asst. Comdant  
Box PCT  
Washington, DC

**MAY 23 2000**  
U.S. PATENTS  
EXPRESS MAIL LABEL DATE ON

**FOR PICKUP OR TRACKING CALL 1-800-222-1811**

**www.usps.gov**



**Addressee Copy**  
Label 11-F July 1997